

# ACS is now a Xerox company

#### VIRGINIA ECC VENDOR SETTLEMENT AUTHORIZATION FORM

Vendor ID	D #:	Date:
Full Lega	al Business Name	
and the fir	es ACS, on behalf of Virginia Department of Social Services nancial institution listed below to deposit reimbursement fur elated to the Commonwealth of Virginia's Child Care Subsideration	
Step 1:	Choose (□) One: ☐ First Submission ☐ Change	in Banking Info
Step 2: (	Choose (□) One: ☐ BUSINESS (has FEIN on file with	VDSS) INDIVIDUAL (No DBA, has SSN on file with
Step 3:	Complete Vendor Information and Payment Metho	d:
	DBA (Business Name)	Payment Method - Choose (□) One:  □ Direct Deposit (Please see additional information
Α	Authorized Individual Name	In Step 4 below)  Account Type (choose one):  Checking Savings
Ī	Title	ABA Bank Routing Number
Ā	Address	Account Number
Ċ	City/State/ZIP	Debit Cord (INDIVIDUAL embr)
Ţ	Telephone Number	Debit Card (INDIVIDUAL only)  Note: This form will be rejected and may delay payment if the vendor is a BUSINESS with a DBA, has an FEIN on file with VDSS for this Vendor ID, and Debit Card payment method is selected.
Ī	Authorized Signature	

### Step 4:

## For checking accounts:

- Attach a Voided Check, deposit slips **CANNOT** be accepted as a form of proof.
- You may also enclose a letter from your bank with the Routing and Account Number information printed on it.

### For savings accounts:

- A Deposit Slip for Savings Accounts <u>CAN</u> be accepted.
- You may also enclose a letter from your bank with the Routing and Account Number information printed on it.

NOTE: Failure to follow directions in Step 4 MAY <u>result in funds being rejected or deposited into the wrong account.</u>

**Step 5: Return completed form to:**ACS State & Local Solutions, Inc.

National Retail/Vendor Management Center P.O. Box 80469, Austin, TX 78708